· /c%	E i		NOTICE ZO	170-1	.00 2		10	0 40 7
	12	EXTEN	DED TO FEE	RUAI	RY 15, 201	9		
Form 990-T	Exe	empt Organ	ization Bus	sines	ss Income	Tax Retur	n I	OMB No 1545-0687
101111 000	<i>-</i> LA	land	proxy tax und	er se	ction 6033(e))	Tux Hetan	' -	
	For calendar	year 2017 or other tax year				AR 31, 201	18	2017
0					ns and the latest info		マイ	
Department of the Treasury Internal Revenue Service	▶ Do i	not enter SSN numbers					ソノな	pen to Public Inspection to 0 1(c)(3) Organizations Only
A Check box if	Nan	ne of organization (Check box if name of	hanged	and see instructions.)	12.	1DEmploy	yer identification number lyees' trust, see
address changed		MERICAN CIV					Instruc	
B Exempt inder section	Print FC	OUNDATION,	INC:				1 13	3-6213516
区 501(ピ)(3)	or Nur	nber, street, and room o	r suite no. If a P.O. bo	x, see in:	structions.		E Unrelat	ted business activity codes structions.)
408(e) 220(e)	Type 12	25 BROAD ST	REET, 18TH	FL(OOR		1 (000	straotiona,
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code						7	
529(a)							9000)99
C Book value of all assets at end of year	F G	roup exemption numbe	r (See instructions.)					
<u>•</u> 454,805,8		heck organization type) trust	Other trust
H Describe the organization	's primary u	nrelated business activit	y. > AMOUNTS	PA.	ID FOR DIS	ALLOWED FI	RING	S
I During the tax year, was t	the corporati	on a subsidiary in an aff	iliated group or a pare	nt-subsi	diary controlled group	?	Yes	X No .
If "Yes," enter the name a	nd identifyin	g number of the parent o	corporation.					
J The books are in care of						ohone number 🕨 🕻	212-5	49-2500
Part I Unrelated	Trade o	or Business Inco	me		(A) Income	(B) Expense	S	(C) Net
1 a Gross receipts or sales	s					-		-
b Less returns and allow	vances		c Balance 🕨	1c		<u> </u>		<u> </u>
2 Cost of goods sold (So	chedule A, lii	ne 7)		2				
3 Gross profit, Subtract	line 2 from l	ine 1c	,	3	··	h		
4 a Capital gain net incom				4a		1 24	•	
		, line 17) (attach Form 4		4b		. 7 -		
				4c		<u> </u>		
5 Income (loss) from pa	irtnerships a	nd S corporations (attac	h statement)	5	· · · · · · · · · · · · · · · · · · ·	1 1 2		
6 Rent Income (Schedul	,			6				
7 Unrelated debt-finance	· · · · · · · · · · · · · · · · · · ·			7				
	•	ents from controlled org	• • • •	8				
		1(c)(7), (9), or (17) org		_				
		Schedule I)		10		 -		
11 Advertising income (S	•			11	01 011			04 054
		tach schedule) STA		12	91,871			91,871
		2		13	91,871			91,871.
Part II Deduction	ns Not (aken Elsewherens, deductions must b	(See instructions for	or limita d with t	itions on deductions	s)		
							Tart	
		rs, and trustees (Sched	•				14	
15 Salaries and wages							15	
16 Repairs and maintena	ance						17	<u>-</u>
17 Bad debts 18 Interest (attach sched	 dula)		RECE	-4A	^ ····································		18	
•			111	······	1321		19	
20 Charitable contribution		ructions for limitation ru	IN FER T	3 50	1121 1.261		20	
21 Depreciation (attach l			100 M	· ·····	211		1 20 +	
•		nedule A and elsewhere (226	
23 Depletion			on return OGE	#IA'	.C. J. W. Zea	·	23	
24 Contributions to defe		 reation nlans	and the same	•	**** * ********************************		24	
25 Employee benefit pro					···· ···· · · · · · · · · · · · · · ·		25	
26 Excess exempt exper	-							
		le J)						
28 Other deductions (att					,		28	
29 Total deductions. Ad		1.00				•	29	0.
		nough 26 ne before net operating l					30	91,871.
							31	
32 Unrelated business ta	axahle incom	ited to the amount on lin ie before specific deduct	non Subtract line 31 fi	rom line	30		32	91,871.
		000, but see line 33 inst					33	1,000.
34 Unrelated business t	taxable inco	me. Subtract line 33 fro	m line 32. If line 33 is	areater t	than line 32, enter the	smaller of zernlor	"	
J. J., J., J., J.		00000000000000000000000000000000		J	,	U . K	u I	00 0-4

Form 990-1	(2017) FOUNDATION, INC.	13-6213516	Page 2
Part I	Tax Computation	·	······································
35	Organizations Taxable as Corporations. See instructions for tax computation	[,	
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:	1 1	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):]-]	
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	,	
	(2) Additional 3% tax (not more than \$100,000) \$	1	
C	Income tax on the amount on line 34	▶ 35c	19,130.
36	Trusts Taxable at Trust Rates, See instructions for tax computation. Income tax on the amount on line 34 from:	1	
	Tax rate schedule or Schedule D (Form 1041)	> 36	
37	Proxy tax. See instructions	> 37	
→ 38	Alternative minimum tax		
39	Tax on Non-Compliant Facility Income. See instructions	4 1 1 39	
40	total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	19,130.
	✓ Tax and Payments		·
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	i.	
	Other credits (see instructions)		
-	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 41a through 41d		10 100
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	42	19,130.
43		1 / 1	10 1:20
44	Total tax. Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017		19,130.
			
	2017 estimated tax payments	19,130	
		13,130	
	,		
	Backup withholding (see instructions)		
9	Other credits and payments Form 2439 Form 4136 Other Total	1:1	
46	Total payments. Add lines 45a through 45g	G(46	19,130.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		13,1301
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	·····	0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpald		0.
50		unded > 50	
	Statements Regarding Certain Activities and Other Information (see Instruc		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		7-1-
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		\ \• \ \• .
	here ►		X_
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?	X
	If YES, see instructions for other forms the organization may have to file.		1 1 1 1 1 1
53	Enter the amount of tax-exempt interest received or accrued during the tax year. > \$		
	Under ponalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIA	ne best of my knowledge and b	elief, it is trye,
Sign		May the IRS dis	cuss this with with
Here	2/13/15 OFFICER	the preparer sho	own below (500
	Signature of officer Date Title	instructions)?	X Yes.
		Check L If PTIN	********
Paid		self- employed	~~~~
Prepa	rer		757336
Use C	Priv Firm's name RSM US LLP	Firm's EIN ► 42-	0714325
	4 TIMES SQUARE	010 05	2 1000
	Firm's address ► NEW YORK, NY 10036	Phone no. 212-37	
		F	orm 990-T (2017)